MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-016099				
DO NOT WRITE ON THIS STUB	AME	ENDED	Registration District No. 227 Primary Registration District No. 4329 Registrar's No. 21 STATE FILE	NUMBER
VS 300	e		ENLOCATION 1 1962. a. COUNTY MONROLE 2. USUAL RESIDENCE (Where deceased lived, if institution as STATE M.O. b. COUNTY MONROE	n: Residence before admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS Length of stay in 1b C. CITY OR TOWN PARIS	Inside Limits Yes Yes No □
20690	72 <u> </u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAST CALDWELL STREET Yes No CALDWELL STREET Yes No CALDWELL STREET Yes X No CALDWELL STREET YES Y NO CALDWELL ST	Reside on Farm Yes D No 😿
3	20		3. NAME OF DECEASED First Middle , Last 4. DATE Month Day (Type or print) Rov ALBIN SMITH DEATH APR 2.1	Year 2 1962
4 0	Follows		5. SEX 6. COLOR OR RACE 7. Married ☑ Never Married □ 8. DATE OF BIRTH 9. AGE (last birthday) If UNDER 1 YE Widowed □ Divorced □ □ 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	AR IF UNDER 24 HR
5 /			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN C	OF WHAT COUNTRY
7 O			136. FATHER'S NAME 14. NAME OF HUSBAND OR WI	IFE
8 /	AS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	MATH
- 10 クラー	ARE	ENT	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
11069	RECORD EAD OF	Wn oc	IMMEDIATE CAUSE (a) Suffocation, accidental	very short
12/0-0	THIS RE	Δ	Conditions, if any, which gave rise to above cause (a), stating the under-	· · · · · · ·
USE BLACK INK OR TYPEWRITER RIBBON	NO I		lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased there a preg	was female was mancy in last 90 days
	WENTS		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART Lor PART	No ☐ Unknown
	AMENDMENTS			milia
	 		20c. TIME OF Hour Month, Day, Year INJURY e.m., p.m. 20d. INJURY OCCURRED WHILE AT WORK D 20e. PLACE OF INJURY (e.g., in or about home, 20f. City, TOWN, OR LOCATION COUNTY farm, factory, street, office bidg., etc.)	STATE
	READ		NOT WHILE AT WORK 21. I attended the decessed from	<u>.</u> ;
			Death occurred at	
	SHOULD	VIT OF	223 MGNATURE (Defree or title) 22b. ADDRESS 22b. ADDRESS 22c. ADDRESS 23c. MRIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETER/OR CREMATORY 23d. LOCATION (City, town, or county)	22c. DATE SIGNED
	NO.	AFFIDA	BURIAL APRIL 24,1962 BETHEL CEMETERY HOLLIDAY, M	(Stape)
	ITEM	BY A	E.H. AGNEW - PARIS, MISSOURI 4-23-1962 7-Q. Burnett	m.D ·
			(Licensed Embelmer's Statement on Reverse Side)	

2961 3 10W

STATEMENT BY LICENSED EMBALMER

1 hereby certify that the body whose name is recorded or by Robert F. Wood	d on the reverse side of this certificate was embalmed by me,
working under my personal supervision. Student Signature of Student Embalmer	Signed Ellgnew
	P. O. Address Paris, Me
Note: The above MUST BE SIGNED BY THE LICENSE	D EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.